

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04746

Entity Name: PARKWOOD PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3900 SE WALNUT PLACE
STUART, FL 34997

FILED
May 01, 2019
Secretary of State
3184650783CC

Current Mailing Address:

P.O. BOX 1639
HOBE SOUND, FL 33475

FEI Number: 59-2641845

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BONAN, ELIZABETH ESQ
789 SOUTH FEDERAL HIGHWAY
STE 101
STUART, FL 34994 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name BARBONE, LAURA
Address 4305 SE TAMARIND STREET
City-State-Zip: STUART FL 34997

Title PRESIDENT
Name NOLAN, PAUL
Address 6744 SE AMYRIS CT
City-State-Zip: STUART FL 34997

Title VP
Name THOMAS, KIM
Address 4077 SE JACARANDA ST
City-State-Zip: STUART FL 34997

Title SECRETARY
Name BALLOU, JEAN
Address 3941 SE WALNUT PLACE
City-State-Zip: STUART FL 34997

Title DIRECTOR, OFFICER
Name SLAGGERT, PHIL
Address 4303 SE COCOPLUM PLACE
City-State-Zip: STUART FL 34997

Title DIRECTOR, OFFICER
Name AVERSANO, CATHY
Address 4286 SE TAMARIND ST
City-State-Zip: STUART FL 34997

Title DIRECTOR, OFFICER
Name MENDONCA, CATHY
Address 3965 SE JACARANDA ST
City-State-Zip: STUART FL 34997

Title DIRECTOR, OFFICER
Name O'HARA, KATHY
Address 3952 SE JACARANDA ST
City-State-Zip: STUART FL 34997

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KIM THOMAS

VP

05/01/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR, OFFICER
Name BRADFORD, JASON
Address 4241 SE SATINLEAF PLACE
City-State-Zip: STUART FL 34997